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Bib Data Sheet

CONFIRMATION NO. 2271

<b>SERIAL NUMBER</b> 09/733,338	<b>FILING DATE</b> 12/08/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166 3626	<b>ATTORNEY DOCKET NO.</b> 13148.1USU1
<b>APPLICANTS</b> Karla Ann Joyce, New Brighton, MN; Perry Nicholas Kranz, Shoreview, MN; Susan Kay Kranz, Shoreview, MN;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/169,888 12/09/1999 <i>LN 12/6/04</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none LN 12/6/04</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/17/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Lina Najarian</i> Examiner's Signature <i>LN</i> Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 15
		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> Dr. Karla Joyce Allay Technology 3470 North Lexington Shoreview ,MN 55126				
<b>TITLE</b> System, method, and process for analysis of patient treatment protocols				
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	